

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	09/543164	FILING DATE	4-5-00
APPLICANT(S)			

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3	/					
4		2				
5						
6	/					
7		/				
8	/					
9		/				
10	/					
11		/				
12		/				
13		/				
14		/				
15		/				
16	/					
17	/					
18		2				
19		2				
20	/					
21	/					
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23	/					
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	8					
TOTAL DEP.	29	↔	↔	↔	↔	
TOTAL CLAIMS	37					

TOTAL IND.  
TOTAL DEP.  
TOTAL CLAIMS

BEST AVAILABLE COPY